

APPLICATION FORM

APSS MEDTRONIC FELLOWSHIP 2017

Closing Date: **15th May 2017**

Full Name (in block letter):		<i>Passport-size Photograph (2' x 2')</i>
First Name	Last Name	
Gender: Female / Male		
Passport No:	Nationality:	
Date of Birth:		
Place of Birth:	Email:	
Correspondence Address:		
Current Position:		
Institution Address:		
Tel:	Fax:	
<u>Basic Medical Degree:</u>		
Qualification:		
Medical school/center:	Date of Graduation	
<u>Postgraduate Orthopaedic Education:</u>		
Qualification:		
Medical school/center:	Date of Graduation	
<u>Spine Training i.e. Fellowship or Attachment:</u>		
Name of Center:	Date and Duration	
Are you interested in spine research? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Published article(s) <input type="checkbox"/> / Oral Presentation <input type="checkbox"/> / Poster Presentation (Please list down the number)		
How many years or months of experience in spine? <input type="checkbox"/> Months/ Years		
Are you an APOA & APSS Active Member? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Have you been awarded a fellowship from APSS? If yes, please indicate which year.		
Area of interest in spine:		
1 -		
2 -		
I hereby declare that the information given above is true and genuine.		
Signature:		Date:
FOR NON MEMBER, THE APPLICATION MUST BE ACCOMPANIED BY THE PROOF OF SUBMISSION AND PAYMENT FOR THE APOA & APSS (SPINE SECTION) MEMBERSHIP. WEBSITE: www.apoaonline.com		

Complete and email this form along with the required documents to:

APSS SECRETARIAT
Email: spine@apssonline.org